

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Shore PAC

ADDRESS (number and street)

P.O. Box 3157

☐Check if different
than previously
reported. (ACC)

Long Branch

NJ

07740

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00410308

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☒

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Warren Goode

Signature of Treasurer

Electronically Filed by Warren Goode

Date

02

28

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Shore PAC

Report Covering the Period:

From:

M M D D Y Y Y Y
0 7 0 1 2 0 0 7

To:

M M D D Y Y Y Y
1 2 3 1 2 0 0 7

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 Y Y Y Y 2007 | | 5587.70 |
| (b) Cash on Hand at Beginning of Reporting Period | 6037.70 | |
| (c) Total Receipts (from Line 19) | 81500.00 | 97000.00 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 87537.70 | 102587.70 |
| 7. Total Disbursements (from Line 31) | 73400.00 | 88450.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 14137.70 | 14137.70 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Shore PAC

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 7 | 0 | 1 | 2 | 0 | 0 | 7 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 2 | 3 | 1 | 2 | 0 | 0 | 7 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 20500.00 | 22500.00 |
| (i) Itemized (use Schedule A) | 0.00 | 0.00 |
| (ii) Unitemized | 20500.00 | 22500.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 61000.00 | 73500.00 |
| (c) Other Political Committees (such as PACs) | 81500.00 | 96000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) | | |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 1000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 81500.00 | 97000.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 81500.00 | 97000.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 11100.00 | 16550.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡ | 11100.00 | 16550.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 34500.00 | 42100.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 27800.00 | 29800.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 73400.00 | 88450.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 73400.00 | 88450.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 81500.00 | 96000.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 81500.00 | 96000.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 11100.00 | 16550.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 11100.00 | 16550.00 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 31

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Shore PAC

A.

Full Name (Last, First, Middle Initial)

Kurt Conti

Mailing Address 160 Oakwood Drive

City

Murray Hill

State

NJ

Zip Code

07974

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conti Enterprises, Inc.Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 2 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.4667

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Genova, Burns, & Vernoia

Mailing Address 354 Eisenhower Parkway

City

Livingston

State

NJ

Zip Code

07039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 2 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.4747

Amount of Each Receipt this Period

1000.00

Partnership

C.

Full Name (Last, First, Middle Initial)

Burns Genova

Mailing Address 9 Fredrick Ct

City

Cedar Grove

State

NJ

Zip Code

07009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genova, Burns & VernoiaOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 2 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.4747.0

Amount of Each Receipt this Period

600.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Shore PAC

A.

Full Name (Last, First, Middle Initial)

James Burns

Mailing Address 1 Bowtell Ct

City

Middletown

State

NJ

Zip Code

07748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genova, Burns & VernoiaOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.4747.1

Amount of Each Receipt this Period

400.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Kristen Gerhard

Mailing Address 2 Deputy Minister Rd

City

Colts Neck

State

NJ

Zip Code

07722

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/AOccupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.4769

Amount of Each Receipt this Period

1600.00

In-kind - Golf Fees & Food
and Beverage

C.

Full Name (Last, First, Middle Initial)

Peter Gerhard

Mailing Address 2 Deputy Minister Rd

City

Colts Neck

State

NJ

Zip Code

07722

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Financial Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.4767

Amount of Each Receipt this Period

5000.00

In-kind - Golf Fees & Food
and Beverage

SUBTOTAL of Receipts This Page (optional)

6600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Shore PAC

A.

Full Name (Last, First, Middle Initial)
Hoagland, Longo, Moran, Dunst & Doukas LLP

Mailing Address 40 Paterson St.

City State Zip Code
New Brunswick NJ 08901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 20 2007

Transaction ID: SA11AI.4757

Amount of Each Receipt this Period

1000.00

Partnership Donation

B.

Full Name (Last, First, Middle Initial)
Michael Baker

Mailing Address 93 Church Lane

City State Zip Code
East Brunswick NJ 08816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hoagland, Longo, Moran,
Dunst

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
07 20 2007

Transaction ID: SA11AI.4757.0

Amount of Each Receipt this Period

300.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Nora Grimbergen

Mailing Address 40 Paterson St.

City State Zip Code
New Brunswick NJ 08901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hoagland, Longo, Moran,
Dunst

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
07 20 2007

Transaction ID: SA11AI.4757.1

Amount of Each Receipt this Period

300.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Shore PAC

A.

Full Name (Last, First, Middle Initial)

Robert Helwig

Mailing Address 40 Paterson St.

City

New Brunswick

State

NJ

Zip Code

08901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hoagland, Longo, Moran,
Dunst

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.4757.2

Amount of Each Receipt this Period

300.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Eric Kessler

Mailing Address 1620 Belvedere Blvd.

City

Silver Spring

State

MD

Zip Code

20902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dow Lohnes Govt. Strategi-
es

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.4654

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Krishna Reddy

Mailing Address 1318 Bonita Dr.

City

LA Habra Heights

State

CA

Zip Code

90631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.4647

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Shore PAC

A.

Full Name (Last, First, Middle Initial)

Jack Rudin

Mailing Address 241 Central Park West Apt. 19C

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rudin Mgmt Co.

Occupation

Owner/Builder

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.4662

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Michael D Smith

Mailing Address 3421 Morrison St. NW

City

Washington

State

DC

Zip Code

20015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cornerstone Government Af-
fairs

Occupation

Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.4656

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

20500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 31

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Shore PAC

A.

Full Name (Last, First, Middle Initial)

AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)

Mailing Address 655 Beach Street

City

San Francisco

State

CA

Zip Code

94109

FEC ID number of contributing
federal political committee.

C C00196246

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 7

Transaction ID: SA11C.4637

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

AMERICAN COLLEGE OF CARDIOLOGY POLITICAL ACTION COMMITTEE

Mailing Address 2400 N St NW

City

Washington

State

DC

Zip Code

20037

FEC ID number of contributing
federal political committee.

C C00375360

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: SA11C.4634

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION

Mailing Address 1891 Preston White Drive

City

Reston

State

VA

Zip Code

20191

FEC ID number of contributing
federal political committee.

C C00343459

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: SA11C.4676

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 31

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Shore PAC

A.

Full Name (Last, First, Middle Initial)
AMERICAN DENTAL POLITICAL ACTION CMTE.

Mailing Address 1111 14th Street NW
Suite 1100

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C C00000729

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: SA11C.4657

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1505 Prince Street
Suite 300

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C C00024968

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 7

Transaction ID: SA11C.4644

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
AMERICAN PSYCHIATRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1000 Wilson Boulevard
Suite 1825

City State Zip Code
Arlington VA 22209

FEC ID number of contributing
federal political committee.

C C00373696

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11C.4669

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 31

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Shore PAC

A.

Full Name (Last, First, Middle Initial)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 520 N. NORTHWEST HIGHWAY

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing
federal political committee.

C C00255752

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: SA11C.4672

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Mailing Address 2831 Lone Oak Road

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing
federal political committee.

C C00351197

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 7

Transaction ID: SA11C.4661

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 1350 I Street NW
Suite 590

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00274944

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11C.4681

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 31

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Shore PAC

A.

Full Name (Last, First, Middle Initial)

DIRECTV GROUP INC. FUND - FEDERAL (DIRECTV PAC)

Mailing Address 444 North Capitol Street NW
Suite 728

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C C00331991

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 7

Transaction ID: SA11C.4651

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

DOW LOHNES POLITICAL ACTION COMMITTEE

Mailing Address 1200 New Hampshire Avenue NW
Suite 800

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C C00346189

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 7

Transaction ID: SA11C.4653

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

JERRYS POLITICAL ACTION COMMITTEE (JERRYS PAC)

Mailing Address Village Station P.O. Box 19

City State Zip Code
New York NY 10014

FEC ID number of contributing
federal political committee.

C C00363317

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 7

Transaction ID: SA11C.4678

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 31

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Shore PAC

A.

Full Name (Last, First, Middle Initial)
NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE

Mailing Address 1125 Executive Circle

City State Zip Code
Irving TX 75038

FEC ID number of contributing
federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: SA11C.4674

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
ROCHE INC. GOOD GOVERNMENT FUND

Mailing Address 340 Kingsland Street

City State Zip Code
Nutley NJ 07110

FEC ID number of contributing
federal political committee. **C** C00072769

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: SA11C.4665

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
RWJ FUND FOR HEALTH CARE EXCELLENCE

Mailing Address 160 WEST STATE STREET

City State Zip Code
TRENTON NJ 08608

FEC ID number of contributing
federal political committee. **C** C00365528

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: SA11C.4642

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 31

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Shore PAC

A.

Full Name (Last, First, Middle Initial)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Mailing Address 1025 CONNECTICUT AVENUE N.W.
SUITE 1104

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing
federal political committee.

C C00325936

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: SA11C.4659

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

THE ORTHOPAEDIC PAC

Mailing Address 317 Massachussetts Ave N.E.

City State Zip Code
Washington DC 20002

FEC ID number of contributing
federal political committee.

C C00343137

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: SA11C.4671

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

THE ORTHOPAEDIC PAC

Mailing Address 317 Massachussetts Ave N.E.

City State Zip Code
Washington DC 20002

FEC ID number of contributing
federal political committee.

C C00343137

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11C.4679

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

61000.00

| | | | | | | | | | | | |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b | | 22 | | 23 | | 24 | | 25 | | 26 |
| | 27 | | 28a | | 28b | | 28c | | 29 | | 30b |

NAME OF COMMITTEE (In Full)
Shore PACFEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 31

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Shore PAC

A.

Full Name (Last, First, Middle Initial)
Bruce W. Woolley

Mailing Address P.O. Box 4088

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Rent

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4682

Date of Disbursement

07 / 02 / 2007

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Bruce W. Woolley

Mailing Address P.O. Box 4088

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Rent

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4690

Date of Disbursement

07 / 30 / 2007

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Bruce W. Woolley

Mailing Address P.O. Box 4088

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Rent

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4697

Date of Disbursement

08 / 28 / 2007

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 31

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Shore PAC

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Bruce W. Woolley <hr/> Mailing Address P.O. Box 4088 | Transaction ID: SB21B.4699 Date of Disbursement <div> <div>10</div> <div>03</div> <div>2007</div> </div> |
| <div> <div>City Long Branch</div> <div>State NJ</div> <div>Zip Code 07740</div> </div> <div> Purpose of Disbursement Rent </div> <div> Candidate Name </div> <div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> State: District: </div> | Amount of Each Disbursement this Period <div>250.00</div> |
| B. Full Name (Last, First, Middle Initial) Bruce W. Woolley <hr/> Mailing Address P.O. Box 4088 | Transaction ID: SB21B.4719 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2007</div> </div> |
| <div> <div>City Long Branch</div> <div>State NJ</div> <div>Zip Code 07740</div> </div> <div> Purpose of Disbursement Rent </div> <div> Candidate Name </div> <div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> State: District: </div> | Amount of Each Disbursement this Period <div>250.00</div> |
| C. Full Name (Last, First, Middle Initial) Bruce W. Woolley <hr/> Mailing Address P.O. Box 4088 | Transaction ID: SB21B.4730 Date of Disbursement <div> <div>11</div> <div>29</div> <div>2007</div> </div> |
| <div> <div>City Long Branch</div> <div>State NJ</div> <div>Zip Code 07740</div> </div> <div> Purpose of Disbursement Rent </div> <div> Candidate Name </div> <div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> State: District: </div> | Amount of Each Disbursement this Period <div>250.00</div> |

SUBTOTAL of Disbursements This Page (optional) ►

750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 31

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Shore PAC

A.

Full Name (Last, First, Middle Initial)

Kristen Gerhard

Mailing Address 2 Deputy Minister Rd

City State Zip Code
Colts Neck NJ 07722

Purpose of Disbursement
In-kind - Golf Fees & Food and Beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4770

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1600.00

B.

Full Name (Last, First, Middle Initial)

Peter Gerhard

Mailing Address 2 Deputy Minister Rd

City State Zip Code
Colts Neck NJ 07722

Purpose of Disbursement
In-kind - Golf Fees & Food and Beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4768

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

6600.00

TOTAL This Period (last page this line number only)

11100.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 31

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Shore PAC

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|----------|-------------------|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Adler for Congress | Transaction ID: SB23.4729 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 14 KNIGHTSWOOD DRIVE | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | | 2 | 9 | | 2 | 0 | 0 | 7 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 1 | | 2 | 9 | | 2 | 0 | 0 | 7 | | | | | | | | | | | | |
| City MARLTON State NJ Zip Code 08053 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Donation | <table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table> | 5000.00 | | | | | | | | | | | | | | | | | | | |
| 5000.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name JOHN H ADLER | <table border="1"> <tr> <td>012</td> </tr> <tr> <td>Category/ Type</td> </tr> </table> | 012 | Category/ Type | | | | | | | | | | | | | | | | | | |
| 012 | | | | | | | | | | | | | | | | | | | | | |
| Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Citizens for Altmire | Transaction ID: SB23.4738 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address P.O. Box 1776 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 2 | 1 | | 2 | 0 | 0 | 7 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 2 | 1 | | 2 | 0 | 0 | 7 | | | | | | | | | | | | |
| City Freedom State PA Zip Code 15042 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Donation | <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name JASON ALTMIRE | <table border="1"> <tr> <td>012</td> </tr> <tr> <td>Category/ Type</td> </tr> </table> | 012 | Category/ Type | | | | | | | | | | | | | | | | | | |
| 012 | | | | | | | | | | | | | | | | | | | | | |
| Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE | Transaction ID: SB23.4698 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 430 South Capitol Street SE 2nd Floor | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | | 2 | 7 | | 2 | 0 | 0 | 7 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 9 | | 2 | 7 | | 2 | 0 | 0 | 7 | | | | | | | | | | | | |
| City Washington State DC Zip Code 20003 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Donation | <table border="1"> <tr> <td colspan="10">15000.00</td> </tr> </table> | 15000.00 | | | | | | | | | | | | | | | | | | | |
| 15000.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>012</td> </tr> <tr> <td>Category/ Type</td> </tr> </table> | 012 | Category/ Type | | | | | | | | | | | | | | | | | | |
| 012 | | | | | | | | | | | | | | | | | | | | | |
| Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

21000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Shore PAC

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) FRIENDS OF PHIL HARE</p> <p>Mailing Address 313 17th Street P.O. Box 4183</p> <p>City Rock Island State IL Zip Code 61202</p> <p>Purpose of Disbursement Donation 011 Category/ Type</p> <p>Candidate Name PHILIP G HARE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 17</p> | <p>Transaction ID: SB23.4687 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">05</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div> </p> |
| <p>B. Full Name (Last, First, Middle Initial) HILLARY CLINTON FOR PRESIDENT</p> <p>Mailing Address PO Box 101436</p> <p>City Arlington State VA Zip Code 22210</p> <p>Purpose of Disbursement Donation 012 Category/ Type</p> <p>Candidate Name HILLARY RODHAM CLINTON</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District: 00</p> | <p>Transaction ID: SB23.4736 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; border: 1px solid black; padding: 2px;">12</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">17</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">500.00</div> </p> |
| <p>C. Full Name (Last, First, Middle Initial) Hoosiers for Hill</p> <p>Mailing Address PO Box 1071</p> <p>City Seymour State IN Zip Code 47274</p> <p>Purpose of Disbursement Donation 012 Category/ Type</p> <p>Candidate Name BARON P HILL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IN District: 09</p> | <p>Transaction ID: SB23.4742 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; border: 1px solid black; padding: 2px;">12</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">21</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div> </p> |

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Shore PAC

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Kagen 4 Congress</p> <p>Mailing Address 100 W. College Ave. 50 D</p> <p>City Appleton State WI Zip Code 54911</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name STEVEN L KAGEN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.4740</p> <p>Date of Disbursement 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>012 Category/ Type</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) LINDA STENDER FOR CONGRESS</p> <p>Mailing Address P.O. Box 730</p> <p>City Scotch Plains State NJ Zip Code 07076</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name LINDA MRS. STENDER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.4727</p> <p>Date of Disbursement 11 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>012 Category/ Type</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Robin Weirauch for Congress</p> <p>Mailing Address PO Box 301</p> <p>City Napoleon State OH Zip Code 43545</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name ROBIN WEIRAUCH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.4732</p> <p>Date of Disbursement 11 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>012 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Shore PAC

A.

Full Name (Last, First, Middle Initial)
Unger for Congress

Mailing Address PO BOX 11530

City CHARLESTON State WV Zip Code 25339

Purpose of Disbursement
Donation

Candidate Name
JOHN R II UNGER

Office Sought: ☒ House
☐ Senate
☐ President

State: WV District: 02

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

012
Category/
Type

Transaction ID: SB23.4735

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Zack Space for Congress

Mailing Address 714 North Wooster Ave.

City Dover State OH Zip Code 44622

Purpose of Disbursement
Donation

Candidate Name
ZACHARY T SPACE

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

012
Category/
Type

Transaction ID: SB23.4733

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

34500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Shore PAC

A. Full Name (Last, First, Middle Initial)
Bergen County Democratic Organization

Mailing Address 50 Main Street
P.O. Box 488

City Hackensack State NJ Zip Code 07602

Purpose of Disbursement

State Donation

Candidate Name

012
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4706

Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
Burlington County Democratic Cmte.

Mailing Address 15 Spyglass Court

City Westhampton State NJ Zip Code 08060

Purpose of Disbursement

State Donation

Candidate Name

012
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4715

Date of Disbursement

10 / 26 / 2007

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
Cape May County Democratic Organization

Mailing Address PO Box 100

City South Seaville State NJ Zip Code 08246

Purpose of Disbursement

State Donation

Candidate Name

012
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4726

Date of Disbursement

11 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 / 31

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Shore PAC**A.**Full Name (Last, First, Middle Initial)
Cash

Mailing Address 495 Broadway

City State Zip Code
Long Branch NJ 07740Purpose of Disbursement
Cash for Golf Caddies

Candidate Name

003
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4763

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 3 | | 2 | 0 | 0 | 7 |

Amount of Each Disbursement this Period

1100.00

B.Full Name (Last, First, Middle Initial)
Thomas Aquinas

Mailing Address 257 Heyers Mill Rd.

City State Zip Code
Colts Neck NJ 07722Purpose of Disbursement
Caddy Fee

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4763.0

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 4 | | 2 | 0 | 0 | 7 |

Amount of Each Disbursement this Period

220.00

[MEMO ITEM]

C.Full Name (Last, First, Middle Initial)
Michael Huthwaite

Mailing Address 64 Southvale Ave.

City State Zip Code
Little Silver NJ 07739Purpose of Disbursement
Caddy Fee

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4763.1

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 4 | | 2 | 0 | 0 | 7 |

Amount of Each Disbursement this Period

220.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Shore PAC

A.

Full Name (Last, First, Middle Initial)
Garret Shalley

Mailing Address 7 Rambling Meadows Dr.

City Tinton Falls State NJ Zip Code 07724

Purpose of Disbursement
Caddy Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4763.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

220.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
John Natale

Mailing Address 25 Persimmon Lane

City Holmdel State NJ Zip Code 07733

Purpose of Disbursement
Caddy Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4763.3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

220.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Jordan Huthwaite

Mailing Address 64 Southvale Ave.

City Little Silver State NJ Zip Code 07739

Purpose of Disbursement
Caddy Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4763.4

Date of Disbursement

/ /

Amount of Each Disbursement this Period

220.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Shore PAC

A.

Full Name (Last, First, Middle Initial)
Elect Teresa Ruiz

Mailing Address 30 Donna Court

City Nutley State NJ Zip Code 07100

Purpose of Disbursement
State Donation

Candidate Name

012
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB29.4696

Date of Disbursement

08 / 21 / 2007

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
Friends of Whelan

Mailing Address P.O. Box 362

City Northfield State NJ Zip Code 08225

Purpose of Disbursement
State Donation

Candidate Name

012
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB29.4722

Date of Disbursement

11 / 02 / 2007

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
Hillside Democratic Committee

Mailing Address 2022 Morris Ave
Suite B

City Union State NJ Zip Code 07083

Purpose of Disbursement
State Donation

Candidate Name

012
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB29.4714

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 31

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Shore PAC

A.

Full Name (Last, First, Middle Initial)
Hughes for County Executive

Mailing Address 196 West State Street

City State Zip Code
Trenton NJ 08608

Purpose of Disbursement
State Donation

Candidate Name

012
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB29.4709

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)
Hunterdon County Dem. Org.

Mailing Address 127 Main St.

City State Zip Code
Flemington NJ 08822

Purpose of Disbursement
State Donation

Candidate Name

012
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB29.4707

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

4000.00

C.

Full Name (Last, First, Middle Initial)
Middletown Democratic Party

Mailing Address 8 Daniel Drive

City State Zip Code
Middletown NJ 07748

Purpose of Disbursement
State Donation

Candidate Name

012
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB29.4703

Date of Disbursement

08 / 08 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 31

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Shore PAC

A.

Full Name (Last, First, Middle Initial)
Ocean County Democrats

Mailing Address 26 Main St
Suite 102

City Toms River State NJ Zip Code 08753

Purpose of Disbursement
State Donation
Candidate Name

012
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2007 ☐ Primary ☒ General ☐ Other (specify) ▼
State: District:

Transaction ID: SB29.4712

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
Salem County Dem.

Mailing Address 15 South Main Street

City Woodstown State NJ Zip Code 08098

Purpose of Disbursement
State Donation
Candidate Name

012
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2007 ☐ Primary ☒ General ☐ Other (specify) ▼
State: District:

Transaction ID: SB29.4725

Date of Disbursement

11 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Sussex County Dem Cmte

Mailing Address P.O. Box 26

City Glenwood State NJ Zip Code 07418

Purpose of Disbursement
State Donation
Candidate Name

012
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2007 ☐ Primary ☒ General ☐ Other (specify) ▼
State: District:

Transaction ID: SB29.4720

Date of Disbursement

11 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 31

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Shore PAC

A.

Full Name (Last, First, Middle Initial)
Van Drew for Senate

Mailing Address P.O. Box 941

City State Zip Code
Cape May Ct. House NJ 08210

Purpose of Disbursement
State Donation

Candidate Name

012
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2007 ☐ Primary ☒ General
State: District: ☐ Other (specify) ▼

Transaction ID: SB29.4684

Date of Disbursement

07 / 13 / 2007

Amount of Each Disbursement this Period

1200.00

B.

Full Name (Last, First, Middle Initial)
Warren County Democratic Committee

Mailing Address P.O. Box 415

City State Zip Code
Washington NJ 07882

Purpose of Disbursement
State Donation

Candidate Name

012
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2007 ☐ Primary ☒ General
State: District: ☐ Other (specify) ▼

Transaction ID: SB29.4718

Date of Disbursement

10 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

27800.00